Vancil-Murphy Funeral Home

437 South Grand Ave. West Springfield, Illinois 62704
(217) 525-1500

FULL NAME FIRST MIDDLE LAST SUFFIX

ADDRESS STREET CITY STATE ZIP

TOWNSHIP (IF NOT IN CITY LIMITS) TELEPHONE # SOCIAL SECURITY #

DOCTOR'S NAME:_____ADDRESS:_____

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

FATHER'S NAME:_____

MOTHER'S NAME:_____MOTHER'S MAIDEN NAME: _____

DATE/PLACE OF MARRIAGE & TO WHOM:_____

CHURCH AFFILIATIONS:_____

LODGE & CLUB AFFILIATIONS:_____

OCCUPATION:_____

PLACE(S) OF EMPLOYMENT, NUMBER OF YEARS, YEAR RETIRED:_____

HIGHEST GRADE COMPLETED IN SCHOOL/COLLEGE:_____

MILITARY SERVICE:_____BRANCH:_____RANK:_____

DATE OF ENLISTMENT:_____ DATE OF DISCHARGE:_____

SERVICE/SERIAL NUMBER:_____VETERAN'S ORGANIZATIONS:_____

OTHER INFORMATION FOR OBITUARY:_____

MEMORIAL CONTRIBUTION: _____

-SURVIVED BY-

SPOUSE:_____
(MAIDEN NAME IF WIFE)

NAME & SPOUSE CITY & STATE OF RESIDENCE

SONS:_____

DAUGHTERS:_____

PARENTS:_____

BROTHERS:_____

SISTERS:_____

NUMBER OF GRANDCHILDREN:_____ GREAT-GRANDCHILDREN:_____

NUMBER OF GREAT-GREAT-GRANDCHILDREN:_____
NAMES OF GRANDCHILDREN, GREAT-GRANDCHILDREN, ETC. IF TO BE LISTED IN OBITUARY: _____

SEVERAL NIECES & NEPHEWS: YES_____ NO_____

PRECEDED IN DEATH BY:_____